

MAY 31 1967

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 87-004519

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 375

1. PLACE OF BIRTH A. COUNTY <u>Cochise</u>		B. LENGTH OF STAY IN THIS TOWN <u>76 years</u> IN ARIZONA <u>76 yrs.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Cochise</u>	
C. CITY OR TOWN <u>Benson</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Benson</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? <u>115 East Walker</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benson Hospital</u>					
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>José</u> B. (MIDDLE) <u>Quihuiz</u> C. (LAST) <u>Bernal</u>		4. SEX <u>M</u>		5. COLOR OR RACE <u>Span-Amer</u>	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>30</u> YEAR <u>1890</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>76</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14A. FATHER'S NAME <u>Sacramento Bernal</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		15A. MOTHER'S MAIDEN NAME <u>Guadalupe Quihuiz</u>	
16. INFORMANT'S SIGNATURE <u>X José Bernal Benson Ariz</u>		17. DATE OF DEATH (MONTH) <u>May</u> (DAY) <u>20</u> (YEAR) <u>1967</u>		13. SOCIAL SECURITY NO. <u>527-01-4636-A</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Acute cholecystitis</u> DUE TO (C) <u>Chronic alcoholism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 days</u> <u>years</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 9</u> , 19 <u>64</u> , TO <u>May 20</u> , 19 <u>67</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>May 20</u> , 19 <u>67</u> , AND THAT DEATH OCCURRED AT <u>5:50</u> PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) <u>Dr. J. L. Johnson M.D.</u>		22B. ADDRESS <u>1316 6th St. Benson, Ariz</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Benson, Cochise, Arizona</u>	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>May 3, 1967</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Benson Cemetery</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Benson, Cochise, Arizona</u>		25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>May 3, 1967</u>	
26A. DATE REC. BY LOCAL REG. <u>May 22, 1967</u>		26B. REGISTRAR'S SIGNATURE <u>Amy Lowery, Reg.</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Cecil Richardson</u>	
28A. EMBALMER'S SIGNATURE <u>Cecil Richardson</u>		28B. EMBALMER'S CERT. NO. <u>442A</u>		27B. ADDRESS <u>Benson, Arizona</u>	